DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB No. 2130-0500

1. Name of Reporting Railroad	1a. Alphabetic Code	1b. Railroad Accident/Incident No.
2. Name of Other Railroad or Other Entity with Consist Involved	2a. Alphabetic Code	2b. Railroad Accident/Incident No.
3. Name of Railroad or Other Entity Responsible for Track Maintenance *(single entry)*	3a. Alphabetic Code	3b. Railroad Accident/Incident No.
4. U.S. DOT Grade Crossing Identification Number	5. Date of Accident/Incident month day year	6. Time of Accident/Incident AM ☐ PM ☐

7. Type of Accident/ Incident *(single entry in code box)*
1. Derailment 2. Head on collision 3. Rear end collision 4. Side Collision 5. Raking collision 6. Broken train collision 7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction 10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts 13. Other *(describe in narrative)* Code

8. Cars Carrying HAZMAT	9. HAZMAT Cars Damaged/Derailed	10. Cars Releasing HAZMAT	11. People Evacuated	12. Subdivision

13. Nearest City/Town	14. Milepost *(to nearest tenth)*	15. State Abbr. Code	16. County

17. Temperature (F) *(Specify if minus)* ° F

18. Visibility *(single entry)* Code
1. Dawn 2. Day 3. Dusk 4. Dark

19. Weather *(single entry)* Code
1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow

20. Type of Track Code
1. Main 2. Yard 3. Siding 4. Industry

21. Track Name/ Number	22. FRA Track Class (1-9, X) Code	23. Annual Track Density *(gross tons in millions)*	24. Time Table Direction Code
			1. North 2. South 3. East 4. West

25. Type of Equipment Consist *(single entry)*
1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work train 5. Single Car 6. Cut of cars 7. Yard/switching 8. Light loco(s) 9. Maint./inspect. Car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code

26. Was Equipment Attended? Code
1. Yes 2. No

27. Train Number/Symbol

28. Speed *(recorded speed, if available)*
R - Recorded E - Estimated MPH Code

29. Trailing Tons *(gross tonnage, excluding power units)*

30. Type of Territory *(enter code(s) that apply)*
Signalization *(Mandatory)* ☐
1. Signaled 2. Not Signaled
Method of Operation/Authority for Movement *(Mandatory)* ☐
1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track
Supplemental/Adjunct Codes *(Mandatory*)* ☐☐☐
* Mandatory to the extent that all applicable codes are entered

30a. Remotely Controlled Locomotive?
0 = Not a remotely controlled operation
1 = Remote control portable transmitter
2 = Remote control tower operation
3 = Remore control portable transmitter - more than one remote control transmitter Code

31. Principal Car/Unit	a. Initial and Number	b. Position in Train	c. Loaded *(yes/no)*
(1) First Involved *(derailed, struck, etc.)*			
(2) Causing *(if mechanical, cause reported)*			

32. If railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.

Alcohol	Drugs

33. Was this consist transporting passengers? *(y/n)*

34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)	a. Head End	Mid Train b. Manual	Mid Train c. Remote	Rear End d. Manual	Rear End e. Remote
(1) Total in Train					
(2) Total Derailed					

35. Cars (Include EMU, DMU, and Cab Car Locomotives.)	Loaded a. Freight	Loaded b. Pass.	Empty c. Freight	Empty d. Pass.	e. Caboose
(1) Total in Equipment Consist					
(2) Total Derailed					

36. Equipment Damage This Consist	37. Track, Signal, Way, & Structure Damage	38. Primary Cause Code	39. Contributing Cause Code

Number of Crew Members				Length of Time on Duty	
40. Engineers/ Operators	41. Firemen	42. Conductors	43. Brakemen	44. Engineer/Operator Hrs: Mins:	45. Conductor Hrs: Mins:

Casualties to:	46. Railroad Employees	47. Train Passengers	48. Others	49a. Special Study Block A	49b. Special Study Block B
Fatal					
Nonfatal					

50. Latitude	51. Longitude

52. Narrative Description *(Be specific, and continue on separate sheet if necessary)*

53. Typed/Printed Name & Title of Preparer	54. Signature	55. Date

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report...." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.